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ABSTRACT

Consumer satisfaction with mental health services is one of the process objectives inherent in the general goals for community mental health centers funded federally by the National Institute of Mental Health. Programs must demonstrate that patients and other service consumers agree that their needs are being met by existing services and patterns of service delivery. Moreover, centers must demonstrate adherence to the related process objectives of accessibility and continuity of care. Accessibility requires that access to mental health services be based solely upon need rather than extraneous factors such as age, race, sex or socioeconomic status. Continuity of care requires that patients receive integrated/multiple services. Transition from service to service as the need arises should be the rule rather than the exception. Questionnaires such as the one given in this paper may be used to measure these process objectives. (Author)

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DEVELOPMENT OF A FOLLOW-UP QUESTIONNAIRE TO ASCERTAIN CONSUMER SATISFACTION WITH CMHC OBJECTIVES

by

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Consumer satisfaction with mental health services is one of the process objectives inherent in the general goals for community mental health centers funded federally by the National Institute of Mental Health. Programs must demonstrate that patients, and other service consumers, agree that their needs are being met by existing services and patterns of service delivery. Moreover, centers must demonstrate adherence to the related process objectives of accessibility and continuity of care. Accessibility requires that access to mental health services be based solely upon need rather than extraneous factors such as age, race, sex or socioeconomic status. Continuity of care requires that patients receive integrated/multiple services. Transition from service to service as the need arises should be the rule rather than the exception. This paper describes how the author developed a successful questionnaire to tap the above process objectives and its successful application in a pilot follow-up study.[1] The questionnaire is appended.

Construction of Questions

The various process objectives were analyzed into components suggested both by a priori considerations and informal feedback obtained from patient interviews. These are described below and the relevant item numbers of the questionnaire in the Appendix.

Consumer Satisfaction

These items not only dealt with service provision as such, but also with respect for the patient's rights and feelings, confidentiality and appropriateness of services, and staff attitudes vis-a-vis the client's problems. Mere provision of services without a generally respectful, supporting attitude by staff can often undo specific treatment effects and/or discourage the client from returning.

Items: 7, 13, 14a, 14b, 14c, 14d, 14e, 14f, 14g

Accessibility of Services to Clients

Accessibility involves visible and invisible barriers. The visible ones may be geographic in nature in suburban and exurban areas, convenience of transportation, travel time. The invisible barriers, which may be prepotent over the visible

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[1] The study was conducted in the Spring of 1976 at an outpatient clinic of a community mental health center where the author is evaluation consultant.

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analogous to the iceberg phenomena, these may include economic barriers (if the center is concerned about revenue from fees and third-party payments), procedural or "paper barriers" which often discourage potential clients who want to relate to a helping person and not a clerk. And last but not least, psychological barriers arising from the resistance or insensitivity of professional staff in dealing with certain classes of clients and certain types of patients. It is essential then in assessing accessibility to examine all the above dimensions. The key items are:

Economic: 15, 16, 17

Geographic/Time: 18, 19, 20

Procedural: 1, 2, 21, 22, 23, 24

Psychological/Cultural: 3, 4, 5, 8, 25, 26, 27, 28, 29

Continuity of Care

In a previous study[2], the author found that quality of care was significantly correlated with continuity of care: The former was highly unlikely to come about unless there was continuity of care in time and space for the client. Consequently, a range of questions were developed dealing with the promptness of referrals, staff assistance in making follow-up treatment plans, staff responsibility (accountability) for overseeing the implementation of treatment plans and related issues.

Items: 6, 9, 10, 11, 12, 30, 31, 32, 33, 34, 35

Pilot Study of Questionnaire

The resulting 35 item questionnaire was used in a mailed follow-up of patients who had been terminiated within the past year. Other research had shown that administering follow-up consumer satisfaction questionnaires to patients while still under aegis of the treating agency loaded responses in the positive direction for obvious reasons. Hence the use of terminated patients who no longer felt beholden to the caregiving system. About 85 questionnaires were mailed out which respondents could fill out anonymously and mail back in a plain envelope to a post-office box to provide maximum confidentiality of responses. Fifty-two completed questionnaires were returned; about 10 were returned because the addressee had moved without a forwarding address.

Although all persons in the sample had signed consent forms allowing follow-up, it was deemed advisable in this pilot study not to pursue those individuals, by telephone or home visits, who had not returned the questionnaire to avoid any hint of harrassment by the clinic. As it turned out, this was a correct decision since the assumption that only those who had positive experiences would respond was not borne out in the data analysis.

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[2] Block, W.E., Applying Utilization Review Procedures in a Community Mental Health Center, Hospital and Community Psychiatry, Volume 24, Number 6, June 1975 Pages 358-362.

The percentage of responses in each item are shown in the attached questionnaire. First, it appears that the questionnaire is not biased towards eliciting just favorable feedback in a self-fulfilling prophecy, but seems to elicit with about equal probability, positive and negative responses. For example, item 15 dealing with discussion of fees was reported by 40 percent at "not discussed at all" a serious oversight by staff; some 21 percent indicated on item 16 that the cost of treatment either prevented starting or continuation of treatment; some 33 percent in effect complained (item 20) that treatment appointments were not arranged to conform with other obligations, even though services are supposed to be provided almost round-the-clock; indeed, this latter item confirmed community rumor to the effect that services were offered at times convenient to the staff and not the community; 25 percent felt that there was unusual delay in receiving more than one type of service (item 30); 18 percent felt that their race prejudiced the type of service they received (item 29). All in all, a minimum of 17 out of the 35 items, distributed across process categories, evoked strong negative responses in the face of the acid test of consumer satisfaction:

Item 13: "Considering the quality of service...would you return or recommend a friend or relative?" 100%-Yes; 0%-No.

Although the questionnaire is offered as a means[3] of assessing consumer satisfaction by other centers and services, the limited pilot results were useful in our own operation and will be launched on a full-scale basis with clients who have terminated over various time spans and for various "reasons": no more treatment needed; client resistive; etc. The findings of the pilot study suggest that the questionnaire does possess construct validity and presumptive high reliability, since like-content items were dispersed randomly to avoid the operation of mental sets of acquiescence or negativism. The questionnaire is compact, though thorough in its examinations of certain crucial issues in community mental health and presents no unusual logistic problems in reproducing, mailing or tabulation of results which can be handled by clerical personnel.

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[3]Individuals wishing to use the questionnaire to evaluate consumer satisfaction may freely use or adapt the instrument as they see fit. Where there may be some language or reading difficulty, reasonable simplification of items should have little bearing on valid results.

NOTE: All numbers are percentages.

Follow-up Questionnaire

Directions: Please answer the following questions as frankly as possible. Your opinions will be held in strict confidence. Check the item under each question that best indicated your experience as a client.

1. Did you have difficulty in obtaining an initial interview for services?

   0 much difficulty; 5 some difficulty; 95 no difficulty

2. During your initial interview, were the explanations made clear about evaluation procedures and treatment?

   45 very satisfactory; 45 just satisfactory; 10 unsatisfactory

3. Was the staff initially considerate of your needs, questions and expectations?

   77 very considerate; 18 fairly considerate; 5 not considerate at all

4. Were general objectives and/or goals of the program for which you applied explained?

   72 very thoroughly; 14 somewhat thoroughly; 14 not at all thoroughly

5. Explanation of different treatment or service options, choices, risks:

   41 very satisfactory; 53 satisfactory; 6 unsatisfactory

6. How promptly were you referred for further treatment or service after the initial interview?

   67 no delay; 24 slight delay; 9 very long delay

7. How appropriate was treatment/services provided in helping with your problems?

   48 very satisfactory; 52 satisfactory; 0 unsatisfactory

8. Were you treated fairly and courteously during the time you received service?

   9 only in the beginning; 82 all the time; 9 some of the time

9. Did your treatment/service proceed according to a plan?

   30 Very planned; 65 some planning; 5 little or no planning

10. If you were referred for more than one type of service, in getting other services did you experience:

    6 much delay; 30 some delay; 64 no delay

11. To what extent did the staff assist you in making plans following your treatment or service?

    64 considerable help; 30 some help; 6 no help

12. Did staff contact you after you finished your treatment or service to see how your plans actually worked out?

63 Yes; 0 No; 6 Should have; 31 No need for this

13. Considering the quality of service you received, if you were to seek help again, would you return to your former service or recommend a friend or relative?

100 Yes; 0 No Reason: _____

_____

_____

14. All things considered, how would you judge or rate the Service where you were treated? Check the appropriate category.

	Very sat	Sat	Unsat
a) Clarity of your treatment/service program goals	65	35	0
b) Treatment plan tailored to your needs	48	48	4
c) Attitude of staff towards your needs	65	35	0
d) Ability of staff to deal with your problems	55	45	0
e) Coordination among staff treating your problem	65	30	5
f) Involvement in your treatment of clergy, other agency, relations.	64	30	6
g) Consideration of your wishes in planning services and aftercare services	36	57	7

15. Were the financial or fee arrangements for treatment/services discussed in sufficient detail with you to your satisfaction?

50 Yes; 10 No; 40 Not discussed at all

16. Did you feel that the cost of treatment or service suggested for you:

--prevented your starting the program? 13 Yes; 87 No
--prevented continuing your program? 8 Yes; 92 No

17. Were you advised to try some other place for help because you could not afford to pay the fees for treatment/service here?

7 Yes; 93 No

18. How long did it take to travel from your residence to where you received treatment/service?

0 More than one hour; 100 Less than one hour

19. Was there difficulty in getting transportation from where you reside to where you received treatment/services?

23 Yes; 77 No

20. Did you find that appointments for treatment/services were arranged so as not to overlap or conflict with your normal daily routine at home, school or job?

67 Yes; 33 No

21. If you had a regular appointment for treatment/service, did you spend too much time in the waiting room before you were seen?

___ Yes; ___ No; How much time? _____

22. If you came without a scheduled or regular appointment, did the staff make an effort to see you that same day within a reasonable time?

77 Yes; 23 No

23. In view of the urgency of your problem, if you were placed on a waiting list for treatment/service, was the waiting period:

38 Too long; 62 Not too long How long? 30 days

24. During initial intake, did you find that the forms you were asked to fill out were too long or annoying?

16 Yes; 84 No

25. Did the staff regard your problems and personal information with sufficient concern for confidentiality and your right to privacy?

90 Yes; 10 No

26. Did you feel that the staff showed sufficient professional interest and concern for your kind of problem?

91 Yes; 9 No

27. Did the staff ignore your problems because they were not easy to treat or because they were longstanding?

18 Yes; 72 No

28. Would you have felt more comfortable with a staff person or therapist of your same: ___age; ___sex; ___race; ___ religion?

35 Yes; 65 No

29. Did you feel that because you were of a different race or color than your therapist, you had to accept whatever therapy was offered to you?

18 Yes; 82 No

30. If you required more than one type of service, did you receive this without unusual delay?

75 Yes; 25 No

31. If you received service at more than one location, did each staff member have up-to-date records on your case?

83 Yes; 17 No

32. If you received more than one service, did the same staff person follow your care on each service?

50 Yes; 50 No

33. Did you have the feeling as you went from service to service that some staff person was taking responsibility for your case?

93 Yes; 7 No

34. Were you usually told to see a specific staff person at a given time after a definite appointment was made?

79 Yes; 21 No

35. Were you left mostly on your own to arrange appointments?

13 Yes; 87 No